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Summary findings of an exploratory data gathering exercise on Māori suicide in Te Waipounamu

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Wendy Dallas-Katoa
Te Ko-Ha Research

Golda Varona
Te Ko-Ha Research

Maire Kipa
Te Pūtahitanga o Te Waipounamu

Raniera Dallas
Te Ko-Ha Project

Helen Leahy
Te Pūtahitanga o Te Waipounamu

Abstract

This paper presents the findings of a recently completed exploratory data gathering exercise on Māori suicide in *Te Waipounamu* (South Island of New Zealand). The data gathering exercise was conducted through Te Pūtahitanga o Te Waipounamu, the Whānau Ora commissioning agency in the South Island. Data from the Coronial Services of New Zealand and relevant information from the District Health Boards were explored for the South Island. In-depth interviews with *whānau* (families) and a pilot survey on mental wellbeing were also conducted. Results from the exercise indicate that whānau access suicide intervention health services only after a suicide incident or suicide attempt. On the whole, these health services generally use a clinical/health-based approach. Whānau, however, pointed out that a culturally grounded whole-of-whānau approach is required to address issues around mental health and suicide, particularly among young whānau. Strengthening and maintaining cultural relational ties, networks, and whānau connections have been consistently identified by whānau in Te Waipounamu as important not only for Māori mental and emotional wellbeing more generally, but also for preventing suicide.

Keywords: Māori suicide prevention, Te Waipounamu, mental wellbeing, Whānau Ora

He Mihi – Acknowledgements:
Taki e… taki e,
Kua takoto te taki, tīraha te taki, kōrapa te taki
Taki e… taki e,
Hīkina te taki, te taki o mihi ki te katoa,
Te mihi ki te wāhi ngaro, te mihi ki a tāua te hunga toenga,
Te mihi hoki ki te oranga tonutanga o te whānau kia whānau kaha, kia whanau māia, kia Whānau Ora,
Tihei mauri ora.

Background

Te Pūtahitanga o Te Waipounamu is a limited liability partnership formed by the nine *iwi* or

tribes of *Te Waipounamu* (South Island) of New Zealand. Te Pūtahitanga o Te Waipounamu is one of three Whānau Ora commissioning agencies operating across New Zealand.

Whānau Ora has been defined by the New Zealand Productivity Commission (2015) as:

> "a government initiative emphasising the empowerment of whānau [families] to become self-managing. More broadly, Whānau Ora is an approach to delivering social services based on a Māori concept of wellbeing, which aims to have the various needs of a whānau [family] met holistically" (p.18).

A plethora of other reports confirm the value of a Whānau Ora approach. The Ngāi Tahu Research Centre Whenua Project, examining the impact of settler colonisation on Ngāi Tahu, states that whānau-led strategies are vital to combat intergenerational and historical trauma; "traumatising mechanisms need to be combatted by the families and communities impacted by them" (Reid, Rout, Tau, & Smith, 2017, p. 151). The report notes that change initiated by whānau impacts more directly at the places and communities where whānau reside:

> "whānau and community levels are more important than the state, regional and iwi (tribal) levels as while these higher strata can make laws, instigate policies and implement action-plans, the changes these are all directed at making must be made at the whānau and community levels"(Reid et al., 2017, p. 151).

In 2013, 15.1% (100,905) of people of Māori descent in New Zealand were usual residents in the South Island; an increase from 2001 when 13.8% (83,154) of the Māori descent population were living in the South Island (Te Pūtahitanga o Te Waipounamu, 2015).

Figure 1. Population size, Māori descent population in the South Island, 2001 – 2013

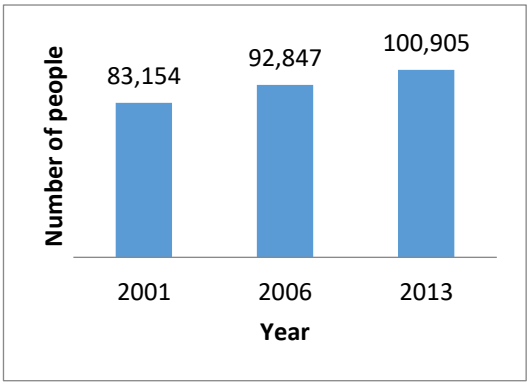

Figure 1 is from *Whānau Ora in Te Waipounamu Annual Report of Te Pūtahitanga o Te Waipounamu* (p.34), by Te Pūtahitanga o Te Waipounamu, 2015, Christchurch, New Zealand: Author. Copyright 2015 by Te Pūtahitanga o Te Waipounamu.

Also in 2013, one out of two Māori in the South Island lived in the Canterbury region (50,553 people or 50.1% of the Māori descent South Island population), with nearly one in three Māori (32, 880 Māori people) living in Christchurch city (Te Pūtahitanga o Te Waipounamu, 2015).

Colonisation has resulted in significant ongoing challenges for Māori health and wellbeing (Came, 2012; Durie, 2001; Reid, Taylor-Moore, & Varona, 2014). The intergenerational impacts of colonisation on Māori are evident not only in the loss of traditional connections with land and place, the disruption of cultural knowledge and long-established relational networks, and the complexity of ensuing social and economic problems, but also in comparatively poor health and mental health outcomes (Boast, 2008; Came, 2012; Lawson-Te Aho, 2014; Reid et al., 2014; Wirihana & Smith, 2014). Reported provisional suicide deaths in New Zealand over the past ten years, particularly among young Māori indicate that despite the continuing efforts of various government agencies and, in particular, community efforts in the social and health sectors to address the issue, the number of deaths by suicide among Māori has remained high. In fact, data from the Coronial Services of New Zealand (Coroner) suggests an overall increase in Māori provisional suicide deaths over time across New Zealand and in the South Island (Coronial Services of New Zealand, 2017a; Coronial Services of New Zealand, 2017b; *see* Figure 2 and Figure 3).

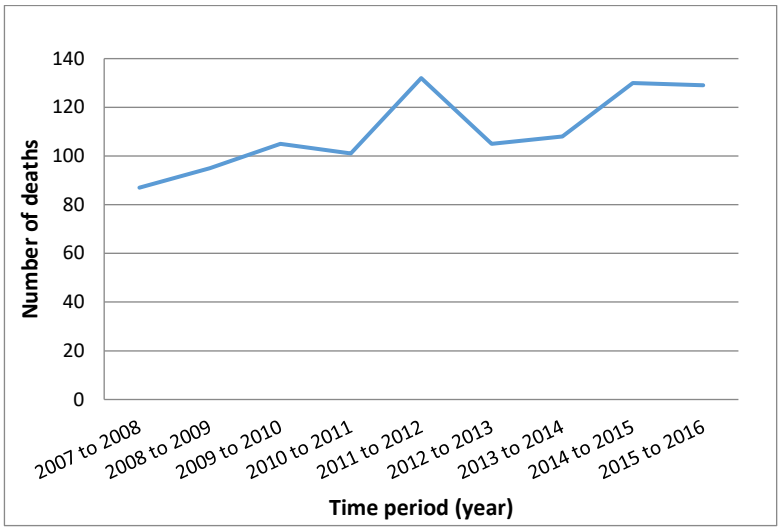

Figure 2. New Zealand provisional Māori suicide deaths reported to the Coroner between July 2007 and June 2016
(Data from Coronial Services of New Zealand, 2017a)

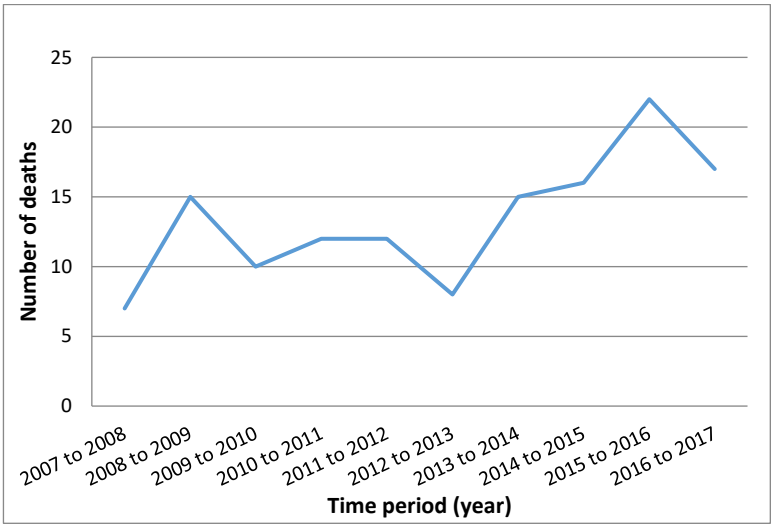

Figure 3. Provisional Maori suicide deaths in the South Island reported to the Coroner between July 2007 and June 2017
(Data from Coronial Services of New Zealand, 2017b)

Figure 2 shows an increase in the number of Māori provisional suicide deaths reported to the Coroner between July 2007 and June 2016 across *Aotearoa* (New Zealand). Figure 3 also shows a similar increasing trend in the number of Māori provisional suicide deaths reported to the Coroner for the same period in Te Waipounamu.

Aside from the figures indicating increases in the number of suicides among Māori over a 10-year period, further analysis of the data around provisional suicide deaths, particularly among young Māori makes for grim reading. Data shows that Māori children as young as ten years of age have died by suicide in the last ten years (Coronial Services of New Zealand, 2017a). In addition, suicide numbers among young Māori aged 15 to 24 years are comparatively higher relative to all other age groups (*see* Tables 1 and Table 2).

Table 1. New Zealand provisional suicide deaths for Maori by age group and gender, 2007-2016

Age Group	Male	Female
10 to 14	21	21
15 to 24	248	139
25 to 34	191	64
35 to 49	161	54
50 to 64	62	22
65+	9	0
Total	692	300

Data in Table 1 is adapted from "*Provisional figures – August 2017*" (p.4), by Coronial Services of New Zealand, 2017, Wellington, New Zealand: Author. CC BY 4.0.

Table 2. Provisional suicide deaths for Māori in the South Island by age group, 2007-2017

Age Group	Māori Provisional Suicide Deaths, South Island
10 to 14	3
15 to 24	51
25 to 34	39
35 to 49	31
50 to 64	7
65+	3
Total	134

Data in Table 2 is Adapted from "*South Island Māori provisional suicide data 1 July 2007 to 30 June 2017*" (p.1), by Coronial Services of New Zealand, 2017, Wellington, New Zealand: Author. CC BY 4.0.

Various stakeholders have recognised the urgency of the situation and have been calling for more attention and action around the issue (Gay, 2018; Lambly, 2018; Prendergast 2017). The overriding opinion from these groups is that effective, inclusive, and culturally appropriate responses and solutions to Māori suicide need to be found. Māori have consistently pointed out that whānau and the maintenance of relational ties and collective unity are crucial to Māori wellbeing. A major theme in *Kaupapa Māori* literature is that the wellbeing and success of the individual are inextricably linked with the health and wellbeing of whānau, *hapū* (subtribal grouping), and iwi (Irwin, Hetet, MacLean, & Potae, 2013). It is unsurprising that, among Māori, pursuing a whānau-focused approach to Māori wellbeing has been a key focus.

A review of current literature shows several explanations for the whānau-centred approach. For example, the New Zealand Productivity Commission (2015) points out that the whānau-centred approach is an important example of an *integrated approach* that allows for seamless access to a host of health and social services for whānau. According to other previously published reports on Whānau Ora, the whānau-centred approach sees the high-touch, collaborative, and consultative processes of whānau, hapū, and community as central not only to securing the long-term health and wellbeing of whānau and individuals, but also to *growing the capacity and capability of whānau* to make decisions for themselves and plan for their future (Te Puni Kōkiri, 2015a, 2015b, 2016).

The founder of the Whānau Ora approach, Hon. Dame Tariana Turia, takes this further:

> "Whānau Ora is about maximising our survival through a model of transformation which will impact on all our futures. It is the means by which we take up our collective responsibility for each other; it is possibly the first time in which Government has been able to measure value for money against a cultural construct" (Turia, 2011, para. 50).

The whānau-centred approach reflects a culturally grounded, empowering, and emancipatory philosophy that acknowledges and supports the "self-management" and "self-determination" of whānau as critical to genuine and long-term whānau wellbeing. The Taskforce on Whānau-Centred Initiatives, led by Professor Sir Mason Durie, agreed that Whānau Ora is distinctive because:

> "it recognises a collective entity, endorses a group capacity for self-determination, has an intergenerational dynamic, is built on a Māori cultural foundation, asserts a positive role for whānau within society, and can be applied across a wide range of social and economic sectors" (Ministry of Social Development, 2009, p30).

Research from the Agribusiness and Economics Research Unit of Lincoln University show how public investment in the Whānau Ora approach provides economic as well as social and cultural benefits to the country (Dalziel, Saunders, & Guenther, 2017). A feature of the model is the opportunity to create authentic social connection strengthening whānau throughout Te Waipounamu. The impact of social connection is not easy to determine, but research indicates it has a significant impact on health, wellbeing, and longevity (Savage, Dallas-Katoa, Leonard, & Goldsmith, 2017). Despite these positive findings, figures from the Coroner indicate that, notwithstanding the gains around some significant areas of whānau wellbeing, suicide continues to be a serious issue for Māori (Coronial Services of New Zealand, 2017a).

Te Pūtahitanga o Te Waipounamu, the Whānau Ora commissioning agency in the South Island, through recognising the scale of the concern amongst whānau has identified a need to find

effective means to address suicide among whānau Māori and actively supports the prevention of suicide in Te Waipounamu in a manner consistent with a whānau-centred approach. In Te Waipounamu, we note that in commissioning Whānau Ora we do not provide a particular service or programme; we are stewards of an approach which seeks to empower whānau to identify and meet their own needs. The approach is premised upon building whānau capability to independently address and manage their own lives, in a word, to be "self-determining".

Consequently, since the second half of 2017, Te Pūtahitanga o Te Waipounamu has been engaging with whānau and the community on the issue of suicide and suicide prevention. The primary aim of this engagement is to identify ways to unlock the potential of whānau and communities affected by suicide. The *kaupapa* (project) is focused on building whānau capability and authentic engagement of *rangatahi* (youth), their friends, and communities in decisions and activities that empower and enable whānau to thrive. Te Pūtahitanga o Te Waipounamu also seeks to increase collaboration and communication with location-specific whānau, their communities, whānau based entities, and government.

As part of the engagement processes that Te Pūtahitanga o Te Waipounamu undertakes with whānau across Te Waipounamu, a short data gathering exercise on suicide among whānau Māori across the South Island was also conducted in order to gain a better understanding of the needs among whānau and to find effective ways to support whānau around suicide prevention. Over a three-month period from September 2017 to November 2017, fourteen in-depth interviews with whānau across Te Waipounamu alongside a pilot wellbeing survey was conducted.

The Survey Findings

A small pilot survey on mental wellbeing was conducted to explore and measure mental wellbeing among whānau. The pilot survey addresses the larger objective of the suicide prevention project to further engagement with and amongst whānau around mental wellbeing and suicide prevention, and to measure comparable change over time and across groups as a result of collective efforts. The instrument used in the pilot survey contained two parts: a set of questions on mental wellbeing from an internationally validated mental wellbeing scale; and, a set of Māori-specific questions based on Indigenous and Māori worldviews, knowledge, and perspectives on health.

The first part consisted of the Warwick-Edinburgh Mental Wellbeing Scale[1] (WEMWBS). The WEMWBS is an internationally validated assessment of mental wellbeing that utilises strengths-based language. Its creation was funded by the Scottish Executive National Programme for Improving Mental Health and Wellbeing, commissioned by the NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick, and the University of Edinburgh. It has fourteen items with five response categories, summed to provide a single score from fourteen to seventy. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing; the items use simple, everyday language and can be described as more or less neutral (i.e., population inclusive). The WEMWBS has been validated in various parts of the United Kingdom, Europe, Iceland, the Middle East, Asia, and Africa (Warwick Medical School, 2018). This first part of the survey was used to obtain a simple comparable baseline measure of mental wellbeing among whānau survey respondents.

The application of universally validated and standardised instruments by Māori and Indigenous scholars in the area of mental wellbeing as a means of obtaining a comparable measure vis-à-vis a general population is not new. Coupe (2005) and Smith (2015), however, point out that Māori-focused health and wellbeing research also needs to incorporate a body of knowledge that is based on Māori worldviews and perspectives on health.

[1] Permission to use the WEMWBS for this project was granted to Te Putahitanga by the Warwick Medical School.

The second part of the pilot survey thus consists of questions around the strength of respondents' ties and connections to whānau, culture, community, and iwi. It is based on a kaupapa Māori framework that emphasises whānau, hapū and iwi; and the use of cultural practices to strengthen Māori health and wellbeing (Lawson-Te Aho, 1998; Lawson-Te Aho, 2017). Previous studies on Māori health, mental health, and suicide prevention point out that culture and identity are an important aspect of health and wellbeing (Coupe, 2005, Reid et al., 2014; Wirihana and Smith, 2014;). This second part of the pilot survey has four items with five response categories mirroring those of the WEMWBS and can also be summed to provide a single score from four to twenty. This second part was used to obtain a simple measure of connectedness among whānau survey respondents. Lastly, questions regarding age and gender were also asked.

A total of 44 individuals responded to the pilot survey. All respondents were randomly selected during various *hui* (gatherings) and events across the South Island. Fifty-nine per cent of the survey respondents were female and 41 per cent were male. The respondents ranged in age from eighteen to seventy years (*see* Table 3).

Table 3. Survey respondents by age group

Age Group	Frequency	Percentage (%)
18 to 24	11	25.0
25 to 34	8	18.2
35 to 49	13	29.5
50 to 64	9	20.5
65 +	3	6.8
Total	44	100

Mental wellbeing

Results from the survey show that collectively, male respondents have a slightly higher mean score for mental wellbeing (52.06) compared to the mean score of female respondents (49.85). Further exploration of the results also reveals that respondents from the 18 to 24 age group (*rangatahi*) have the lowest mean score for mental wellbeing (48.82), while respondents from the older age groups have progressively higher mean scores for mental wellbeing (*see* Table 4).

As a point of comparison, it may be interesting to note that results from previous and current international studies using the WEMWBS, such as studies conducted in Australia, suggest that most people would likely have scores of between 50 and 59 for mental wellbeing (Living Well, 2017).

Table 4. Mean scores for mental wellbeing by age group

Age Group	Mean Score
18 to 24	48.82
25 to 34	50.13
35 to 49	51.08
50 to 64	51.33
65+	56.33

Connection to whānau, culture, hapū, and iwi

Further results from the survey show that the mean scores for connectedness to whānau, culture, community, and iwi are lower among the younger age groups compared to those from the older age groups (*see* Table 5).

Table 5. Mean scores for connectedness by age group

Age Group	Mean Score
18 to 24	13.82
25 to 34	13.75
35 to 49	14.08
50 to 64	14.56
65+	17.33

For both sections of the pilot survey, rangatahi (18-24 age grouping) stand out for having the lowest mean score for mental wellbeing (48.82), and also for having a low score for connectedness (13.82) compared to other age groups. This is significant when viewed in light of the fact that data from the Coroner indicates that rangatahi also have the highest numbers of provisional suicide deaths in the last ten years (Coronial Services of New Zealand, 2017a).

An exploration of the relationship between mental wellbeing scores and scores for connectedness to whānau, culture, community, and iwi was conducted. After preliminary analysis of the survey data to confirm assumptions of normality, linearity, and homoscedasticity; results from further investigation using Pearson

product-moment correlation coefficient indicate that there is a statistically significant strong positive correlation between mental wellbeing and overall connectedness ($r = 0.753$; $n = 44$; $p < .01$, 2-tailed). With high levels of connectedness to whānau, culture, community, and iwi associated with high levels of mental wellbeing. This supports the argument by whānau interview participants and previous research findings of Māori scholars and Indigenous researchers that building and maintaining strong connections to whānau, culture, community, and iwi is crucial to mental wellbeing and suicide prevention for whānau Māori (Coupe, 2005; Liu, Lawson-Te Aho, & Rata, 2014).

The Interview Findings

Fourteen in-depth whānau individual and group interviews were also conducted with various whānau across Te Waipounamu, *kanohi ki te kanohi* (face to face) by a Kaupapa Māori researcher with Māori whānau who have been personally affected by suicide or suicide attempts. The interviews involved wider, open-ended conversations about whānau wellbeing, experiences they may have had around mental wellbeing, their ability to seek help or access services, and their insights into suicide and suicide prevention. Each interview typically lasted two to three hours.

Suicide and suicide attempts

Collectively, the fourteen interview participants have witnessed, experienced, or witnessed and experienced twenty suicide attempts of whānau members that did not result directly in death, and thirteen suicides. The issues whānau associated with suicide and suicide attempts were widely varied and complex. In general, they tended to include a combination of the following: drug and alcohol dependency; post-natal depression; mental illness; problems with personal relationships, with whānau, or both; cultural and whānau disconnection; as well as other factors such as work and employment problems, unsafe school environments, bullying, and peer pressure.

Whānau pointed out in the interviews that in certain cases, whānau only became aware of the dangers and gravity of the issues besetting their loved one at a much later stage; that is, when the situation had spiralled out of control and the opportunity and/or potential to intervene and help the whānau member had become quite limited. To illustrate, one interview participant explained that in their particular situation, their whānau member, who was not living with them at the time, kept her problems hidden from them:

> "Living away from home, in a boarding situation, she was young and vulnerable. We expected the school to protect her and they let her and us down…Nobody told us anything…Serious things were happening that we should have known about, but nobody told us anything. Our girl was also under pressure and did not really want to talk to us…We lived rurally on a farm and we had to travel everywhere to access services. When we started noticing something wrong with her, we put her in a psychiatric programme without a good outcome ... and then we went to a Kaupapa Māori service provider, but it was too late by then...it didn't work and it was too far from where we lived."

In other cases, although whānau may have been aware of some of the underlying problems of their own whānau member(s); for example, in cases of alcohol dependency, they felt that they had very limited resources and/or power to help change things for their troubled whānau member(s). In these situations, the interview participants explained that suicide often occurred suddenly and without warning (e.g.,"they did not see it coming"). One interview participant shared that while they always worried about a particular whānau member, they were still caught off-guard when the suicide happened:

> "He was heavily into alcohol, and we were always worried about him. We were always concerned that one day we would get a message to say he's dead, whether by car accident or some other manner. We spent a lot of time worrying because we never knew where he was or whether he was safe and okay…As hard as it is we are okay now because we now know where he is…[But] when he [died], we did not see it coming. I think that when it happened he was just fooling around to get attention, but he was so drunk he probably tripped and it became a reality. Someone saw something on social media…[but] we got there too late to save him."

Whānau experiences of health services

The majority of interview participants mentioned that they typically approached health services to

seek help for their whānau member and others who have been affected by suicide and/or a suicide attempt after an incident had already occurred. Whānau emphasised that they were appreciative of the health services provided to them around mental health and suicide intervention. However, they also pointed out that while there may be health services available to *intervene* in cases of suicide or a suicide attempt, they and their whānau needed more tools and support, particularly around the *prevention* of suicide.

Significantly, findings from the interviews indicate that whānau typically tried to manage on their own when they could, for various reasons, and generally only engaged with health services shortly after a suicide attempt. Every suicide attempt from a whānau member usually prompted an approach to health services. The interview participants explained that the health services made available to whānau are usually the following: psychiatric assessment, grief counselling, general health practitioner referrals (GP services), and Kaupapa Māori service.

The interview participants also reported that whānau generally did not have regular contact with health services prior to any suicide attempt. In other words, help through health services became available to whānau generally after a suicide or suicide attempt had occurred. Furthermore, they pointed out that some of them had to struggle through a variety of issues around health services. These issues included delays in the diagnosis for mental illness, a dismissive or casual approach by health services, and prohibitive costs for some services, among others.

One interview participant commented that a diagnosis of mental illness to enable access to proper treatment could and does take time, despite the urgency and seriousness of the situation for whānau:

> "When we approached them [health services] for psychiatric assessment for [our whānau member], it took a long time to get a diagnosis [for mental illness]… So while that went on and we waited, she was harming herself – another suicide attempt, and then another, and another…and the delays really took a heavy toll on our whānau."

Another interview participant shared that they experienced a rather dismissive approach from health services staff, mainly due to the young age of the patient:

> "We experienced a bit of a casual approach from the staff at [health services]… The fact that he [whānau member] was quite young; it was like they thought he was just acting up. His suicide attempts were not really taken seriously…he wasn't given the proper attention. We [whānau] were told by the staff at [health services] to take him home and give him a milkshake and let him sleep it off…Well, he [died] two weeks later…He [died]"

A number of interview participants also mentioned that some whānau could barely afford the cost of health services. They also found some services to be culturally "alien" and unsympathetic to their needs. One interview participant who was grieving the loss of one of his children pointed out the prohibitive cost of grief counselling and that he did not benefit from his alien experience with the service:

> "It is the cost factor…A lot of money is required to access this grief counselling thing…Also, I found that the process around grief counselling was alien and I could not understand it. They give me all these pamphlets to read, and every time I was in session with those guys, they put a timer on, and I was thinking about how much is this costing me and whether I had enough time to finish what I had to say. I did not really get any acceptable resolution. I got depressed and lost my job…And, yeah, someone mentioned a Māori provider to me, but I live in a small community and I did not want people I know to know my problems and weaknesses."

The interview participants argued that apart from suicide intervention from health services, finding effective ways for whānau to prevent suicide can be very helpful to whānau in the long term.

Healing and coping through connections to whānau, culture, and community

Whānau believe that strong whānau connections and healthy relationships with each other and with others in the community can prevent suicide. In particular, they believe that strong connections can help *tauiwi* (people from other regions) and young people maintain their cultural knowledge, expand their social networks, grow their self-confidence, and improve their mental

wellbeing. As pointed out in one of the interviews:

> "The fact is that we do know that of the thirteen…suicides that had happened, twelve of them whakapapa to the North Island or were tauiwi. The thing is, none of them actually have had the chance to travel back to their tūrangawaewae[2]… and, over here, you know, they could be quite isolated… Sure, they have friends, but that is not what we mean, eh. They know their iwi, maybe a bit about their whānau up there [North Island], but they've never connected."

Various comments made by the interview participants during the in-depth interviews suggest that being actively involved and connected to whānau, culture, and community can give people suffering from trauma, distress, or mental illness a reliable source of non-judgmental support and a sense of safety. As one interview participant explained:

> "Home is supposed to be your safe place. It is where you can be who you are and not care about being accepted because you already are…I think it is important to have a place…like the marae [gathering places], you know, just as an example…a place that will be always open for everyone and anyone when they need to take their mind off things, be busy, have some company, hear a few old stories, that sort of thing. Having the freedom to be able to go to such a place when you need to helps, even if it really doesn't solve your immediate problems, it still helps."

The majority of interview participants felt that being connected to whānau had been most helpful particularly as they were dealing with issues of self-blame and grief from suicide. Significantly, being connected to whānau helped to put things into perspective for grieving members. For instance, in at least two cases of suicides mentioned by the interview participants, it was pointed out that whānau coming together helped them understand their own grief, prevented them from internalising and focusing on their own guilt and anger over their loss, and helped them to see the faces of their remaining loved ones and other whānau. As one parent shared:

> "When [whānau member] died, I was sad; I was really angry… Didn't want to let anybody in … I kept thinking about the whole thing over and over… I kept asking myself, 'what had I done wrong?'… It was difficult not to blame myself. I felt I had a responsibility and I failed…and the counselling wasn't working. But my other children, they didn't agree with how I was thinking. It was good, I guess, that one day they just had enough and they came right out and told me that this whole thing, it wasn't about me…that it was enough and I had to look outside of myself."

Another interview participant similarly explained that it was important for whānau to openly discuss their views around tragic situations such as suicide. Conversations that challenge and question traditional attitudes and *tikanga* (protocols), such as the notion that whānau could be at least partly to blame for suicide, can be helpful:

> "Whānau of people who [die by] suicide will take one of two roads:…blame victim, or the non-victim …We [our whānau] talked about this…The thing is, he [whānau member] made a choice. It was his choice... We never owned that and did not take any responsibility for his decision"

Finally, whānau pointed out that while clinical approaches to suicide and suicide attempts are necessary, it is whānau that play a key role in the prevention of suicide and recovery from suicide. Consequently, it is important to support and strengthen the capacity and capability of whānau and the community to respond to crises and distress.

Recommendations from Whānau

The interview participants offered some suggestions and recommendations around suicide prevention, based on their own lived experiences. These suggestions and recommendations include the following:

- Schools are an influential part of the community; consequently, suicide prevention should be made part of the health

[2] A place a person connects to through whakapapa (genealogy)

and physical education/*hauora* (health) curriculum in schools. The interview participants suggested that conversations around suicide and suicide prevention need to start at the middle schooling; for example, through a curriculum that puts a focus on learning about healthy relationships, healthy feelings, how to express feelings, and ask for help.

- Whānau and community groups, particularly cultural groups and sports groups, can be used to strengthen connections between people and between and among whānau and prevent isolation. The interview participants argued that strong connections with each other and with others in the community could prevent suicide and help young people, particularly tauiwi, to retain their cultural connections and expand their networks in Te Waipounamu.
- Being connected culturally and with whānau needs to be a significant part of both suicide prevention and intervention. Whānau being culturally informed and fully involved is important for Māori wellbeing in general. The interview participants pointed out that whānau need to know their rangatahi better, particularly for Māori whānau living outside their iwi boundaries.
- A whānau-centred approach to recovering from suicide is necessary to prevent individuals from internalising and solely focusing on the experience of personal grief and loss. Such an approach can enable individuals to transcend the focus on self and realise the wider context of whānau around suicide and potentially empower whānau to have conversations that challenge and question traditional attitudes and tikanga in relation to suicide. The interview participants believe that a whānau-centred approach is the best means to engender mutual support in a safe environment.
- It is helpful to have a safe and open place for people to go to meet and talk to others. Also, having an open place that also serves the purpose of a "home" is important for culturally isolated whānau. Some interview participants mentioned that what is missing in their lives is a place that is always open for anyone to go to and have some company when they need it and be cared for, listened to, or both without judgment.
- Finally, we note that the return on social investment in the Whānau Ora approach is significant and results in authentic social connection. We recommend targeted investment in valuing social connectedness and strengthening whānau resilience.

Conclusion

Overall, the data and information from both the pilot survey and from the in-depth interviews consistently show the importance of whānau, culture, and community connectedness to mental wellbeing. Findings from the in-depth interviews support the results from the survey that show a strong positive correlation between connectedness and mental wellbeing. The findings also indicate that being connected to whānau, culture, and community can be empowering for people and can improve the resilience of whānau and the ability of individuals to cope with issues of suicide and other traumatic and distressing circumstances.

The results of the data gathering exercise also support findings from existing research and literature that point out the significance of close and supportive relationships, and strong social and community bonds, in improving and maintaining psychological and emotional wellbeing (Friedli, 2009; Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015; Thornley, Ball, Signal, Laswon-Te Aho, & Rawson, 2015); and, the importance of commonly held cultural connections and values in growing resilience and improving the ability to cope (Coupe, 2005; Hudson & Hughes, 2007; Lawson-Te Aho, 2017; Proctor, 2010; Reid et al., 2017).

In sum, both statistically and qualitatively, there is clear evidence for the value of a whānau-focused approach to suicide prevention and improving mental wellbeing more generally.

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About the authors:

Wendy Dallas-Katoa (Kāti Māmoe, Waitaha, Ngāi Tahu) has worked in the public health sector in a variety of roles for over 25 years. She has represented Māori interests in health on a number of boards and organisations, and has been involved in Māori health research.

Dr Golda Varona is a human geographer specialising in environmental psychology. She contributes to action research on Māori health and wellbeing, working as part of the wider Whānau Ora team in Te Waipounamu.

Maire Kipa (Ngāi Tahu, Ngāti Kahungunu) is the Navigator Team Leader for Te Pūtahitanga o Te Waipounamu, the Whānau Ora commissioning agency in the South Island. She has been involved in Māori community development for more than 30 years.

Raniera Dallas (Ngāi Tahu, Ngāti Tūwharetoa) is involved in Māori suicide prevention in Te Waipounamu in a variety of roles. He also works with rangatahi in Te Waipounamu around activities that help them connect with their Māori culture and identity.

Helen Leahy is Pouārahi of Te Pūtahitanga o Te Waipounamu, the Whānau Ora commissioning agency in the South Island.